

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Generation Forward PAC

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Damian O'Doherty

Signature of Treasurer Damian O'Doherty [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Generation Forward PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="289442.88"/>	<input type="text" value="289442.88"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="289442.88"/>	<input type="text" value="289442.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83397.21"/>	<input type="text" value="83397.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="206045.67"/>	<input type="text" value="206045.67"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="7500.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Generation Forward PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	289262.88	289262.88
(ii) Unitemized .....	180.00	180.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	289442.88	289442.88
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	289442.88	289442.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	289442.88	289442.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	289442.88	289442.88

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	27897.21	27897.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	27897.21	27897.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	55500.00	55500.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83397.21	83397.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83397.21	83397.21

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	289442.88	289442.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	289442.88	289442.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	27897.21	27897.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27897.21	27897.21

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Generation Forward PAC**

**A. Baron & Budd, P.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3102 Oak Lawn Avenue  
 City Dallas State TX Zip Code 75219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 14600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4186**  
 Amount of Each Receipt this Period  
 14600.00

**B. John Coale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 Island Way  
 City Clearwater State FL Zip Code 33767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 30000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : SA11AI.4179**  
 Amount of Each Receipt this Period  
 30000.00

**C. John Deane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3102 West End Avenue  
 City Nashville State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Advisory Board Company CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 66512.88

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : SA11AI.4182**  
 Amount of Each Receipt this Period  
 66512.88

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	111112.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Generation Forward PAC**

Full Name (Last, First, Middle Initial)  
**A. John Longacre**

Mailing Address 1621 McKean St

City Philadelphia State PA Zip Code 19145

FEC ID number of contributing federal political committee. **C**

Name of Employer LPMG Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
2300.00

Full Name (Last, First, Middle Initial)  
**B. Richard Lydecker**

Mailing Address 1221 Brickell Avenue  
19th Floor

City Miami State FL Zip Code 33131

FEC ID number of contributing federal political committee. **C**

Name of Employer Lydecker Diaz Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : SA11AI.4169**

Amount of Each Receipt this Period  
5600.00

Full Name (Last, First, Middle Initial)  
**C. Lydecker Diaz**

Mailing Address 1221 Brickell Avenue  
19th Floor

City Miami State FL Zip Code 33131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12900.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Generation Forward PAC**

**A. Yolanda Maria Martinez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10370 Pot Spring Road  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Respira Inc. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4175**  
 Amount of Each Receipt this Period  
 5000.00

**B. Mark Puente**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 4801  
 City Lutherville-Timonium State MD Zip Code 21094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Health Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015  
**Transaction ID : SA11AI.4167**  
 Amount of Each Receipt this Period  
 5000.00

**C. Mark Puente**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 4801  
 City Lutherville-Timonium State MD Zip Code 21094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Riverside Health Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : SA11AI.4181**  
 Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Generation Forward PAC**

Full Name (Last, First, Middle Initial)  
**A. Retail Systems and Service, Inc.**

Mailing Address 11325 Seven Locks Road

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4184**

Amount of Each Receipt this Period  
120000.00

Full Name (Last, First, Middle Initial)  
**B. John Sherman**

Mailing Address 1909 Thames St

City Baltimore State MD Zip Code 21231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Storyfarm CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ryan Smith**

Mailing Address 1038 N East Capitol Boulevard

City Salt Lake City State UT Zip Code 84103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Variance Ventures Venture Capital

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015  
**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
30000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	289262.88

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Generation Forward PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB21B.4153

Amount of Each Disbursement this Period

633.20

Full Name (Last, First, Middle Initial)

**B. Fontaine and Company**

Mailing Address 2423 Maryland Avenue

City Baltimore State MD Zip Code 21211

Purpose of Disbursement  
GOTV Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB21B.4157

Amount of Each Disbursement this Period

19996.77

Full Name (Last, First, Middle Initial)

**C. KO Public Affairs**

Mailing Address 111 South Calvert Street

City Baltimore State MD Zip Code 21202

Purpose of Disbursement  
Strategic Consulting/Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : SB21B.4159

Amount of Each Disbursement this Period

7211.52

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

27841.49

27841.49

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Generation Forward PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Resonate Networks</b>	Nature of Debt (Purpose): Web Advertising
Mailing Address 11720 Plaza America Drive 3rd Floor	
City State Zip Code Reston VA 20190	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4138</b>	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>StoryFarm</b>	Nature of Debt (Purpose): Ad Production
Mailing Address 1909 Thames Street Suite 201	
City State Zip Code Baltimore MD 21231	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4137</b>	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	7500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	7500.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	7500.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00578724
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Facebook</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 31 / 2015
Mailing Address 1 Hacker Way	Amount <span style="float:right">3000.00</span>
City State Zip Code Menlo Park CA 94025	<b>Transaction ID : SE.4100</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 05 / 31 / 2015
Purpose of Expenditure Advertising	Category/Type
Name of Federal Candidate MARTIN JOSEPH O'MALLEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">3000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Fortune Media, Inc.</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 06 / 03 / 2015
Mailing Address 527 Avenue B	Amount <span style="float:right">25000.00</span>
City State Zip Code Redondo Beach CA 90277-4183	<b>Transaction ID : SE.4103</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 06 / 03 / 2015
Purpose of Expenditure Advertising	Category/Type
Name of Federal Candidate MARTIN JOSEPH O'MALLEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">28000.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">28000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Damian O'Doherty* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Generation Forward PAC
FEC IDENTIFICATION NUMBER
C C00578724
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Resonate Networks
[MEMO ITEM]
Mailing Address
11720 Plaza America Drive
3rd Floor
City
Reston State
VA Zip Code
20190
Purpose of Expenditure
Web Advertising
Category/Type
Name of Federal Candidate
MARTIN JOSEPH O'MALLEY
Support
Office Sought:
President
State: IA
Calendar Year-To-Date
Per Election for Office Sought
55500.00

Date of Public Distribution/Dissemination
06 / 30 / 2015
Amount
5000.00
Transaction ID : SE.4139
Date of Disbursement or Obligation
06 / 30 / 2015
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
StoryFarm
Mailing Address
1909 Thames Street
Suite 201
City
Baltimore State
MD Zip Code
21231
Purpose of Expenditure
Ad Production
Category/Type
Name of Federal Candidate
MARTIN JOSEPH O'MALLEY
Support
Office Sought:
President
State: IA
Calendar Year-To-Date
Per Election for Office Sought
33000.00

Date of Public Distribution/Dissemination
06 / 03 / 2015
Amount
5000.00
Transaction ID : SE.4108
Date of Disbursement or Obligation
06 / 03 / 2015
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Damian O'Doherty
[Electronically Filed]
Date
07 / 31 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Generation Forward PAC
FEC IDENTIFICATION NUMBER
C C00578724
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
StoryFarm
Mailing Address
1909 Thames Street
Suite 201
City
Baltimore State
MD Zip Code
21231
Purpose of Expenditure
Ad Production
Category/Type
Name of Federal Candidate
MARTIN JOSEPH O'MALLEY
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
53000.00

Date of Public Distribution/Dissemination
06 / 25 / 2015
Amount
2500.00
Transaction ID : SE.4126
Date of Disbursement or Obligation
06 / 25 / 2015
Office Sought:
House District: 00
President Senate State: IA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
StoryFarm
Mailing Address
1909 Thames Street
Suite 201
City
Baltimore State
MD Zip Code
21231
Purpose of Expenditure
Ad Production
Category/Type
Name of Federal Candidate
BERNARD SANDERS
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
55500.00

Date of Public Distribution/Dissemination
06 / 25 / 2015
Amount
2500.00
Transaction ID : SE.4127
Date of Disbursement or Obligation
06 / 25 / 2015
Office Sought:
House District: 00
President Senate State: IA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Damian O'Doherty
[Electronically Filed]
Date 07 / 31 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Generation Forward PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00578724
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>StoryFarm</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 30 / 2015</b>
Mailing Address 1909 Thames Street Suite 201	Amount <span style="margin-left: 20px;">2500.00</span>
City State Zip Code Baltimore MD 21231	<b>Transaction ID : SE.4140</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 30 / 2015</b>
Purpose of Expenditure Ad Production	Category/Type <span style="margin-left: 20px;">[ ]</span>
Name of Federal Candidate MARTIN JOSEPH O'MALLEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">55500.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Mailing Address	Amount <span style="margin-left: 20px;">[ ]</span>
City State Zip Code	Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure	Category/Type <span style="margin-left: 20px;">[ ]</span>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">[ ]</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">0.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">[ ]</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">55500.00</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Damian O'Doherty* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

Signature \_\_\_\_\_